

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212516676					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: DELTA DENTAL OF CALIFORNIA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2012</p> <p>SCC ID NO: F1339755</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 100 FIRST STREET MS 15L</p> <p style="text-align: center;">CITY/ST/ZIP: SAN FRANCISCO, CA 94105</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY D. RADINE TITLE: P/CEO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GARY D. RADINE TITLE: P/CEO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	D. DOUGLAS CASSAT, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10789 TIERRASANTA BLVD.		
CITY/ST/ZIP/CO:	SUITE 110 SAN DIEGO, CA 92124		
NAME:	R. KENT FARNSWORTH, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3406 AMERICAN RIVER DRIVE		
CITY/ST/ZIP/CO:	SACRAMENTO, CA 95864		
NAME:	DEVANG M. GHANDHI, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 W. FLORENCE AVENUE		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90043		
NAME:	GREGORY D. KAPLAN, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3932 WILSHIRE BLVD.		
CITY/ST/ZIP/CO:	SUITE 100 LOS ANGELES, CA 90010		
NAME:	STEVEN F. MCCANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1019 MCCAULEY ROAD		
CITY/ST/ZIP/CO:	DANVILLE, CA 94526		
NAME:	RENUKA (BECKY) A. PATEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 WEST HILLSIDE BLVD.		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94402		
NAME:	BARBARA J BURGEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	JO BONITA RAINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	562 PIONEER ROAD		
CITY/ST/ZIP/CO:	LAKE ARROWHEAD, CA 92352		
NAME:	ANDREW J REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 AIRPORT BLVD.		
CITY/ST/ZIP/CO:	SUITE 100 BURLINGAME, CA 94010		
NAME:	CORAGENE I SAVIO, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3969 24TH STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94114		
NAME:	LYNN L FRANZOI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE W VOSS DIRECTOR 26 MARIN VIEW AVENUE MILL VALLEY, CA 94941	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRY A O'TOOLE DIRECTOR 100 FIRST STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A ZIMMERMAN DIRECTOR 9349 BELVOIR AVENUE LA CRESCENTA, CA 91214	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHARLES LAMONT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES LAMONT, EVP/CLO PRINTED NAME AND CORPORATE TITLE	5/3/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			